

## WAIVER/ EXEMPTION AFFIDAVIT

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_,  
*Name of the authorized representative* *Title*

of \_\_\_\_\_, being duly sworn, depose and  
*Facility Name*  
state that said facility complies with all of the criteria: (*Check One Only*)

Stated in 19a-639(d) of the Connecticut General Statutes  
(FQHC/CHC)

Stated in 19a-639(e) of the Connecticut General Statutes  
(School-based clinic)

Stated in 19a-639b of the Connecticut General Statutes  
(Non-Profit)

Stated in 17a-678 of the Connecticut General Statutes  
(DMHAS)

Stated in 19a-639c of the Connecticut General Statutes  
(Replacement equipment Waiver)

Stated in 19a-639d of the Connecticut General Statutes  
(Waiver for Y2K equipment)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_